NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 12, 2003

RE: MDR Tracking #: M2-03-1543-01-ss
IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant allegedly sustained a work related injury to the lower back in a slip and fall at work on ___. The claimant has a history of chronic low back pain. The claimant is ___ and weighs approximately ___ pounds. There is history of a brief trial of physical therapy in the fall of 2001 and spring of 2002. electromyogram/nerve conduction velocity study report of 4/19/02 indicates a normal study. MRI report dated 2/7/02 indicates mild stenosis at L4/5 with a disc bulge that is reportedly 1-2mm. Myelographic report dated 5/16/03 describes a "spondylotic process" at L4/5, L3/4 and L2/3 of a moderate degree. Diagnoses include lumbar spondylosis, lumbar degenerative disc disease, lumbago and lumbar radiculopathy.

Requested Service(s)

Two level lumbar discectomy, fusion and instrumentation.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Generally all conservative measures of treatment in this clinical setting are exhausted prior to resorting to surgical intervention. There is no documentation of exhaustion of conservative measures. The claimant is significantly overweight for her height. There is no documentation of any attempt at weight loss to control the claimant's symptoms. Furthermore, there is no documentation of a well structured physical therapy intervention in the form of spinal stabilization. The claimant has undergone sporadic treatment over a brief period of time in the fall of 2001 and the early spring of 2002. Furthermore, generally speaking a

specific pain generator site is identified prior to surgical intervention. There is no documentation of objective studies localizing the pain generator site specifically to the L3/4 and L4/5 motion segment levels. The radiographic studies and overall clinical picture suggest a mild spinal stenosis at L2/3, L3/4 and L4/5 consistent with a diffuse degenerative disc disease and spondylotic process. These findings can be normal findings in a patient of this age regardless of the symptomatic clinical history. This reviewer would strongly recommend continued conservative treatment and further specific documentation prior to any consideration of surgical intervention.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.